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APPLICANTS

David W. Old, Irvine, CA;

Robert M. Burk, Laguna Beach, CA;
 Thang D. Dinh, Garden Grove, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
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ADDRESS

Robert J. Baran
 ALLERGAN, INC.
 Legal Department
 2525 Dupont Drive
 Irvine , CA
 92612

TITLE

Cyclohexyl prostaglandin analogs as EP4-receptor agonists

FILING FEE RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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